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APPLICANTS
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**** CONTINUING DATA ******* *A.A. o.k.*
 This application is a CIP of 09/364,645 07/30/1999 PAT 6,542,904
 and claims benefit of 60/115,573 01/12/1999
 and claims benefit of 60/115,731 01/12/1999

**** FOREIGN APPLICATIONS ******* *A.A. none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>A.A.</i> Examiner's Signature	<i>A.A.</i> Initials			

ADDRESS
022913

TITLE
FILTERING IMAGE DATA TO OBTAIN SAMPLES MAPPED TO PIXEL SUB-COMPONENTS OF A DISPLAY DEVICE

FILING FEE RECEIVED 1318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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